

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	/						59						
10							60						
11			2				61						
12			2				62						
13			2				63						
14			2				64						
15			8				65						
16			8				66						
17	/						67						
18			1				68						
19			2				69						
20			2				70						
21			2				71						
22			2				72						
23			2				73						
24			2				74						
25	/		1				75						
26			1				76						
27			2				77						
28			2				78						
29			2				79						
30			2				80						
31			1				81						
32			7				82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4												
TOTAL DEP.	4												
TOTAL CLAIMS	4												